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Return of Organization Exempt from Income Tax

2001

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning , 2001, and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 STATE POLICY NETWORK
 Number street (or P O box if mail is not delivered to street addr) Room/suite
 6255 ARLINGTON BLVD
 City Town or Country State ZIP code + 4
 RICHMOND CA 94805

D Employer identification number
 57-0952531

E Telephone number
 (510) 965-9600

F Accounting method
 Cash Accrual
 Other (specify) _____

G Web site _____

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

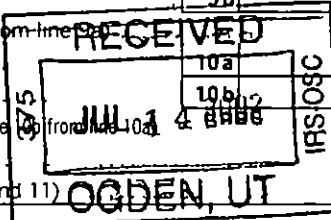
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **391,496**

H and I are not applicable to Section 527 organizations
H (a) Is this a group return for affiliates? Yes No
H (b) If yes enter number of affiliates _____
H (c) Are all affiliates included? Yes No
 (If no attach a list See instructions)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group GEN _____
M Check if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

| | | | | | |
|-----|--|----------------|---------|-----------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | | | | |
| a | Direct public support | 1 a | 382,243 | | |
| b | Indirect public support | 1 b | | | |
| c | Government contributions (grants) | 1 c | | | |
| d | Total (add lines 1a through 1c) (cash \$ 382,243 noncash \$ _____) | 1 d | | 382,243 | |
| 2 | Program service revenue including government fees and contracts (from Part VII line 93) | 2 | | 2,250 | |
| 3 | Membership dues and assessments | 3 | | | |
| 4 | Interest on savings and temporary cash investments | 4 | | | |
| 5 | Dividends and interest from securities | 5 | | 7,003 | |
| 6a | Gross rents | 6 a | | | |
| b | Less rental expenses | 6 b | | | |
| c | Net rental income or (loss) (subtract line 6b from line 6a) | 6 c | | | |
| 7 | Other investment income (describe _____) | 7 | | | |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | |
| b | Less cost or other basis and sales expenses | 8 a | | | |
| c | Gain or (loss) (attach schedule) | 8 b | | | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8 c | | | |
| 8 d | | 8 d | | | |
| 9 | Special events and activities (attach schedule) | | | | |
| a | Gross revenue (not including \$ _____ of contributions reported on line 1a) | 9 a | | | |
| b | Less direct expenses other than fundraising expenses | 9 b | | | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9 c | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10 a | | | |
| b | Less cost of goods sold | 10 b | | | |
| c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10 c | | | |
| 11 | Other revenue (from Part VII, line 103) | 11 | | | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 391,496 | |
| 13 | Program services (from line 44 column (B)) | 13 | | 229,370 | |
| 14 | Management and general (from line 44, column (C)) | 14 | | 58,664 | |
| 15 | Fundraising (from line 44, column (D)) | 15 | | 56,632 | |
| 16 | Payments to affiliates (attach schedule) | 16 | | | |
| 17 | Total expenses (add lines 16 and 44 column (A)) | 17 | | 344,666 | |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | 46,830 | |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 161,299 | |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | -1 | |
| 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | | 208,128 | |



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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-------------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (att sch) (cash \$ 0 non cash \$ 0) | 22 0 | 0 | | |
| 23 Specific assistance to individuals (att sch) | 23 0 | 0 | | |
| 24 Benefits paid to or for members (att sch) | 24 0 | 0 | | |
| 25 Compensation of officers, directors, etc | 25 55,387 | 11,176 | 21,047 | 23,164 |
| 26 Other salaries and wages | 26 0 | 0 | 0 | 0 |
| 27 Pension plan contributions | 27 0 | 0 | 0 | 0 |
| 28 Other employee benefits | 28 0 | 0 | 0 | 0 |
| 29 Payroll taxes | 29 4,407 | 933 | 1,702 | 1,772 |
| 30 Professional fundraising fees | 30 0 | 0 | 0 | 0 |
| 31 Accounting fees | 31 0 | 0 | 0 | 0 |
| 32 Legal fees | 32 0 | 0 | 0 | 0 |
| 33 Supplies | 33 2,734 | 811 | 1,127 | 796 |
| 34 Telephone | 34 2,342 | 399 | 1,902 | 41 |
| 35 Postage and shipping | 35 3,758 | 2,591 | 588 | 579 |
| 36 Occupancy | 36 6,081 | 4,047 | 1,035 | 999 |
| 37 Equipment rental and maintenance | 37 967 | 702 | 265 | 0 |
| 38 Printing and publications | 38 18,604 | 17,891 | 543 | 170 |
| 39 Travel | 39 22,651 | 15,599 | 745 | 6,307 |
| 40 Conferences, conventions, and meetings | 40 30,640 | 23,523 | 6,850 | 267 |
| 41 Interest | 41 0 | 0 | 0 | 0 |
| 42 Depreciation, depletion, etc (attach schedule) | 42 1,037 | 690 | 177 | 170 |
| 43 Other expenses not covered above (itemize) | | | | |
| a INSURANCE | 43a 1,569 | 1,044 | 267 | 258 |
| b CONTRACT SERVICES | 43b 46,127 | 24,850 | 277 | 21,000 |
| c MISCELLANEOUS | 43c 509 | 311 | 172 | 26 |
| d INFORMATION RESOURCES | 43d 3,647 | 3,016 | 53 | 578 |
| e See Other Expenses Stmt | 43e 144,206 | 121,787 | 21,914 | 505 |
| 44 Total functional expenses (add lines 22-43) Organizations completing columns (B), (D), carry these totals to lines 13-15 | 44 344,666 | 229,370 | 58,664 | 56,632 |

Joint Costs Check if you are following SOP 98.2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

| What is the organization's primary exempt purpose? <u>PUBLIC POLICY WORKSHOPS</u> | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others) |
|--|--|
| a <u>RECRUIT ADJUNCT SCHOLARS WILLING TO SERVE ON THE BOARDS OF ADVISORS OF STATE-BASED THINK TANKS</u> <u>PRODUCE A MEDIA GUIDE FOR USE BY MEMBERS</u> <u>CREATE AN ECONOMIC AND REGULATORY INDEX WHICH</u> <u>COMPARES DIFFERENT LEVELS OF REGULATION AND TAXATION IN VARIOUS STATES</u> (Grants and allocations \$ 0) | 229,370 |
| b _____ _____ (Grants and allocations \$ _____) | |
| c _____ _____ (Grants and allocations \$ _____) | |
| d _____ _____ (Grants and allocations \$ _____) | |
| e Other program services (Grants and allocations \$ _____) | |
| f Total of Program Service Expenses (should equal line 44 column (B), program services) | 229,370 |

Part IV Balance Sheets (See instructions)

| Note | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|---|--------------------|
| ASSETS | 45 Cash – non interest bearing | 33,737 | 45 | 52,359 |
| | 46 Savings and temporary cash investments | 131,117 | 46 | 160,467 |
| | 47a Accounts receivable | 47a | | |
| | b Less allowance for doubtful accounts | 47b | 47c | |
| | 48a Pledges receivable | 48a | | |
| | b Less allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a Other notes & loans receivable (attach sch) | 51a | | |
| | b Less allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 Investments – securities (attach schedule) | | 54 | |
| | 55a Investments – land, buildings, & equipment basis | 55a | <input type="checkbox"/> Cost <input type="checkbox"/> FMV 3,112 | |
| | b Less accumulated depreciation (attach schedule) | 55b | 1,037 | 55c |
| | 56 Investments – other (attach schedule) | | 56 | 2,075 |
| | 57a Land, buildings, and equipment basis | 57a | | |
| | b Less accumulated depreciation (attach schedule) | 57b | | 57c |
| | 58 Other assets (describe ▶ _____) | | | 58 |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 164,854 | 59 | 214,901 |
| LIABILITIES | 60 Accounts payable and accrued expenses | 3,555 | 60 | 6,773 |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe ▶ _____) | | 65 | |
| 66 Total liabilities (add lines 60 through 65) | | 3,555 | 66 | 6,773 |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | 62,601 | 67 | 74,970 |
| | 68 Temporarily restricted | 98,698 | 68 | 133,158 |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid in or capital surplus or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) | 161,299 | 73 | 208,128 |
| | 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | 164,854 | 74 | 214,901 |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

| Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions) | | | Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return | | |
|--|----------|---------|--|----------|---------|
| a Total revenue, gains, and other support per audited financial statements | | 391,333 | a Total expenses and losses per audited financial statements | | 344,666 |
| b Amounts included on line a but not on line 12, Form 990 | | | b Amounts included on line a but not on line 17, Form 990 | | |
| (1) Net unrealized gains on investments \$ | | | (1) Donated services and use of facilities \$ | | |
| (2) Donated services and use of facilities \$ | | | (2) Prior year adjustments reported on line 20, Form 990 \$ | | |
| (3) Recoveries of prior year grants \$ | | | (3) Losses reported on line 20, Form 990 \$ | | |
| (4) Other (specify) | | | (4) Other (specify) | | |
| ----- \$ | | | ----- \$ | | |
| Add amounts on lines (1) through (4) | b | | Add amounts on lines (1) through (4) | b | |
| c Line a minus line b | c | 391,333 | c Line a minus line b | c | 344,666 |
| d Amounts included on line 12, Form 990 but not on line a | | | d Amounts included on line 17, Form 990 but not on line a | | |
| (1) Investment expenses not included on line 6b, Form 990 \$ | | | (1) Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) Other (specify) | | | (2) Other (specify) | | |
| ----- \$ | | | ----- \$ | | |
| Add amounts on lines (1) and (2) | d | | Add amounts on lines (1) and (2) | d | |
| e Total revenue per line 12, Form 990 (line c plus line d) | e | 391,333 | e Total expenses per line 17, Form 990 (line c plus line d) | e | 344,666 |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
|--|--|---|---|--|
| CARL O HELSTROM, III NEW YORK, NY 10165 | CHAIRMAN | 0 | 0 | 0 |
| BYRON S LAMM FORT WAYNE, IN 46845 | SEC/TREASURER | 0 | 0 | 0 |
| THEODORE D ABRAM KLAMATH FALLS, OR 97601 | DIRECTOR | 0 | 0 | 0 |
| ALEJANDRO A CHAFUEN FAIRFAX, VA 22030 | DIRECTOR | 0 | 0 | 0 |
| DERWOOD S CHASE, JR CHARLOTTESVILLE, VA 22902 | DIRECTOR | 0 | 0 | 0 |
| ROBERT W POOLE, JR LOS ANGELES, CA 90034 | DIRECTOR | 0 | 0 | 0 |
| LAWRENCE W REED MIDLAND, MI 48640 | DIRECTOR | 0 | 0 | 0 |
| TRACIE SHARP PINOLE, CA 94564 | PRESIDENT | 40 | 55,387 | 0 |
| GAYLORD SWIM OREM, UT 84058 | DIRECTOR | 0 | 0 | 0 |
| ----- | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

▶ Yes No

If Yes, attach schedule -- see instructions

Part VII Analysis of Income-Producing Activities (See instructions)

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a CONFERENCE FEES | | | 01 | 2,250 | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | | | |
| 96 Dividends & interest from securities | | | 14 | 7,003 | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt financed property | | | | | |
| b not debt financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 9,253 | |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 9,253 |

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---------|--|
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) N/A

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b** Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract? Yes No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of Officer: Tracie J. Sharp Date: 7-1-02

Type or Print Name and Title: Tracie J. Sharp, President

Paid Preparer's Use Only

Preparer's Signature: Richard L Hendershot, CPA Date: 6/18/02 Check if self employed:

Firm's name (or yours if self employed) and address and ZIP + 4: RICHARD L HENDERSHOT, CPA, PC
7525 PRESIDENTIAL LANE
MANASSAS VA 20109

Preparer's SSN or PTIN (see General Instruction W): P00117363 EIN: 54-1807239 Phone no: (703) 361-1592

Schedule A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information – (See separate instructions)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information – (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the Organization

STATE POLICY NETWORK

Employer Identification Number

57-0952531

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter None)

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| Total number of other employees paid over \$50,000 ▶ | None | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | None | |

Part III Statements About Activities (See instructions)

| | Yes | No |
|---|----------------------------|-----------------------|
| <p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities</p> | 1 | X |
| <p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p> | 2a 2b 2c 2d 2e | X X X X X |
| <p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p> | 3 | X |
| <p>4 Do you have a section 403(b) annuity plan for your employees?</p> | 4 | X |
| <p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments</p> | | |

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|--|--|-------------|-------------|-------------|---|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | 312,228 | 252,088 | 147,653 | 116,150 | 828,119 |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 5,000 | 1,721 | | | 6,721 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 7,029 | 2,181 | 2,408 | 2,330 | 13,948 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | | | | | |
| 23 Total of lines 15 through 22 | 324,257 | 255,990 | 150,061 | 118,480 | 848,788 |
| 24 Line 23 minus line 17 | 319,257 | 254,269 | 150,061 | 118,480 | 842,067 |
| 25 Enter 1% of line 23 | 3,243 | 2,560 | 1,501 | 1,185 | |
| 26 Organizations described on lines 10 or 11 | <p>a Enter 2% of amount in column (e), line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p>c Total support for Section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18, 19, 20, 21, 22</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p> | | | | <p>26a 16,841</p> <p>26b 294,772</p> <p>26c 842,067</p> <p>26d 308,720</p> <p>26e 533,347</p> <p>26f 63.34%</p> |
| 27 Organizations described on line 12 | <p>a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>c Add: Amounts from column (e) for lines 15, 16, 17, 20, 21</p> <p>d Add: Line 27a total and line 27b total</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p> | | | | <p>27c _____</p> <p>27d _____</p> <p>27e _____</p> <p>27f _____</p> <p>27g _____ %</p> <p>27h _____ %</p> |
| 28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | | | | | |

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

| | | N/A | |
|-----|---|-----|----|
| | | Yes | No |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if No, please explain (If you need more space, attach a separate statement) ----- ----- ----- | | |
| 32 | Does the organization maintain the following | | |
| 32a | a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| 32b | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| 32c | c Copies of all catalogues, brochures, announcements and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| 32d | d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| 33a | a Students' rights or privileges? | | |
| 33b | b Admissions policies? | | |
| 33c | c Employment of faculty or administrative staff? | | |
| 33d | d Scholarships or other financial assistance? | | |
| 33e | e Educational policies? | | |
| 33f | f Use of facilities? | | |
| 33g | g Athletic programs? | | |
| 33h | h Other extracurricular activities? If you answered 'Yes' to any of the above please explain (If you need more space, attach a separate statement) ----- ----- | | |
| 34a | a Does the organization receive any financial aid or assistance from a governmental agency? | | |
| 34b | b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed Only by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

| | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|--|---|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | | 36 | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | | 37 | |
| 38 Total lobbying expenditures (add lines 36 and 37) | | 38 | |
| 39 Other exempt purpose expenditures | | 39 | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | | 40 | |
| 41 Lobbying nontaxable amount Enter the amount from the following table – | | | |
| If the amount on line 40 is – | The lobbying nontaxable amount is – | | |
| Not over \$500,000 | 20% of the amount on line 40 | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | | 42 | |
| 43 Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36 | | 43 | |
| 44 Subtract line 41 from line 38 Enter -0 if line 41 is more than line 38 | | 44 | |
| Caution If there is an amount on either line 43 or line 44, you must file Form 4720 | | | |

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions)
 (For reporting only by organizations that did not complete Part VI A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs government officials, or a legislative body
- h** Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

| Yes | No | Amount |
|-----|----|--------|
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization

STATE POLICY NETWORK

Employer Identification Number

57-0952531

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7) (8) or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

- For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8) or (10) organization filing Form 990, or Form 990 EZ that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but **must** check the box in the heading of their Form 990 Form 990 EZ or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

STATE POLICY NETWORK

57-0952531

Part I Contributors (see instructions)

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|-----------------------------------|---|
| <u>1</u> | | \$ <u>62,500</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>2</u> | | \$ <u>50,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>3</u> | | \$ <u>25,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>4</u> | | \$ <u>15,000</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>5</u> | | \$ <u>12,500</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| (a) Number | | (c) Aggregate contributions | (d) Type of contribution |
| <u>6</u> | | \$ <u>7,500</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

STATE POLICY NETWORK

57-0952531

Part I Contributors (see instructions)

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|-------------------|----------------------------------|-----------------------------------|---|
| 7 J 3 M | | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 8 A | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 9 C 1 h | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 10 T 6 S | | \$ 30,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 11 C 3 C | | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |
| 12 J P K | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

Name of Organization

Employer Identification Number

STATE POLICY NETWORK

57-0952531

Part I Contributors (see instructions)

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|--------------------------------|---|
| 13 | ----- ----- ----- | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|--------------------------------|--|
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|--------------------------------|--|
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|--------------------------------|--|
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|--------------------------------|--|
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |

| (a) Number | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|----------------------------------|--------------------------------|--|
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution) |



**FORM 990, SCH. A,
PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11
Not Open To Public Inspection**

List of Donors

**2000
Excess**

170,659

3,159

13,159

4,159

23,159

8,159

53,159

19,159

294,772

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

| Other expenses not covered above (itemize) | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|----------------|-------------------------|-------------------------------|--------------------|
| SUBSCRIPTIONS | 2,988 | 1,702 | 841 | 445 |
| ELECTRONIC COMM'S-WEB | 10,179 | 7,833 | 2,286 | 60 |
| PROJECT EXPENSE | 113,101 | 106,406 | 6,695 | 0 |
| SURVEY | 1,500 | 1,500 | 0 | 0 |
| PROFESSIONAL FEES | 16,370 | 4,346 | 12,024 | 0 |
| PROPERTY TAXES | 68 | 0 | 68 | 0 |
| Amortization | 0 | | | |
| Total | <u>144,206</u> | <u>121,787</u> | <u>21,914</u> | <u>505</u> |

✓